

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9505	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 07/12/2019
NAME OF PROVIDER OR SUPPLIER QUALITY CENTER FOR REHABILITATION AND		STREET ADDRESS, CITY, STATE, ZIP CODE 932 BADDOUR PARKWAY LEBANON, TN 37087		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{N 000}	Initial Comments A Life Safety revisit survey was conducted on 07/12/2019 for the previous deficiencies cited on 06/10/2019. The deficiencies have been corrected, and no new non compliance was found. The facility is in compliance with all regulations surveyed.	{N 000}		

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER QUALITY CENTER FOR REHABILITATION AND HEALING		STREET ADDRESS, CITY, STATE, ZIP CODE LEBANON, TN 37087		
PREFIX JAG	(LAST DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	FILE IN TAO	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE
N 000	Initial Comments A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities on 05/06/2019. During this Life Safety Survey Quality Center for Rehabilitation and Healing was found not in substantial compliance with the requirements for participation in Medicare/Medicaid with Title 42 CFR Subpart 483.70(a), The Rules of Tennessee Department of Health Board for Licensing Health Care Facilities Chapter 1200-08-06 Standards For Nursing Homes, and National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition). * All penetrations requiring Fire Stop shall be repaired in accordance with a tested and approved Fire Stop System meeting the requirements of ASTM E 814, Standard Test Method for Fire Tests of Through Penetration Fire Stops, or ANSI/UL 1479, Standard for Fire Tests of Through-Penetration Firestops. The system used shall be recorded and documentation shall be maintained for the life of the installation. Fire Stop Systems should be on site and available for surveyors on the follow-up visit. Any Engineering Judgements requires state approval.	N 000		
N 831	1200-8-6-.08 (1) Building Standards (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.	N 831		

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6800

G6QZ21

If continuation sheet 1 of 5

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DIVISION OF HEALTH CARE FACILITIES		STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		COMPLETION DATE	
		A. BUILDING: 01 - MAIN BUILDING 01		B. WING		05/06/2019	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE					
QUALITY CENTER FOR REHABILITATION AND		932 BADDOUR PARKWAY LEBANON, TN 37087					
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

5829

G8QZ21

If continuation sheet 1 of 5

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Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9505	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/06/2019
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N 831	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the overall environment.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Observation on 05/06/2019 at 5:38 PM, revealed flammable fire foam used in the quality lobby above the ceiling at the joints of the exterior wall. NFPA 101, 8.3.5.1 (2012 Edition) 2. Observation on 05/06/2019 at 5:40 PM, revealed the quality lobby cross corridor smoke wall is not sealed at the deck NFPA 19.3.6.2.2 (2012 Edition) 3. Observation on 05/06/2019 at 6:00 PM, revealed a copper pipe not sealed on the corridor wall above RM 7. NFPA 19.3.6.2.2 (2012 Edition) 4. Observation on 05/06/2019 at 6:12 PM, revealed a 6" by 8" hole in the concrete wall above the ceiling over the TV by the C/D nurses station. NFPA 19.3.6.2.2 (2012 Edition) 5. Observation on 05/06/2019 at 6:38 PM, revealed 3 conduits and 2 wires not sealed above the ceiling across from the mezzanine stairway. NFPA 19.3.6.2.2 (2012 Edition) 6. Observation on 05/06/2019 at 6:54 PM, revealed a hole in the wall in the C/D linen/supply room. NFPA 19.3.6.2.2 (2012 Edition) 7. Observation on 05/06/2019 at 6:54 PM, revealed a gap over 3/4" under the 3 hour fire 	N 831	<p>N831 - Building Standards</p> <ol style="list-style-type: none"> 1. Corrective Action: ADM or designee replaced or placed proper fire stop system in the quality lobby above the ceiling, quality lobby cross corridor smoke wall, corridor wall above RM 7, concrete wall at C/D nurses station, ceiling across from the mezzanine stairway, hole in wall in C/D linen room, Doors by B Hall dining room, wall over the A/B breakroom, data line over the A/B breakroom, wall in RM 28, wall in RT room, above electric panel in A/B vending room, above the bird cage, the ceiling of laundry, wall on washer side of laundry, above the DME office, ceiling above RM 83, cross corridor doors in A Hall, wall behind monitors at RM112, 117, 138, ceiling of Skilled IT room, wall between laundry and South Nurse station latching hardware, ICF lobby door latching properly, proper hardware on fire doors by RM 110, walls by RM 84, wall by RM 110. Contractors were Inserviced to seal the penetrations they create using the proper fire stop system. 2. Identifying other residents with potential to be affected: All residents in the noted areas had the potential to be affected. 	5/10/19

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N 831	Continued From page 2 doors by the B hall dining room. NFPA 101, 8.3.3.1 (2012 Edition), NFPA 80, 4.8.4.1 (2012 Edition) 8. Observation on 05/06/2019 at 7:22 PM, revealed a gap in the wall not sealed over the A/B breakroom. NFPA 19.3.6.2.2 (2012 Edition) 9. Observation on 05/06/2019 at 7:22 PM, revealed a data line conduit not sealed over the A/B breakroom. NFPA 19.3.6.2.2 (2012 Edition) 10. Observation on 05/06/2019 at 7:26 PM, revealed a hole in the wall in room 28. NFPA 19.3.6.2.2 (2012 Edition) 11. Observation on 05/06/2019 at 7:33 PM, revealed a hole in the wall of the respiratory room NFPA 19.3.6.2.2 (2012 Edition) 12. Observation on 05/06/2019 at 7:37 PM, revealed a smooth conduit not sealed above electrical panel EM1 in the A/B vending room NFPA 19.3.6.2.2 (2012 Edition) 13. Observation on 05/06/2019 at 7:53 PM, revealed structural steel penetrating the 2 hour fire barrier above the bird cage. NFPA 101, 8.3.5.1 (2012 Edition) 14. Observation on 05/06/2019 at 7:53 PM, revealed foam around the HVAC in the ceiling of the laundry room. NFPA 19.3.6.2.2 (2012 Edition) 15. Observation on 05/06/2019 at 7:53 PM, revealed mixed fire stop around an electrical conduit in the corridor wall on the washer side.	N 831	3. Measures or Systemic Changes: ADM or designee replaced or placed proper fire stop system in the quality lobby above the ceiling, quality lobby cross corridor smoke wall, corridor wall above RM 7, concrete wall at C/D nurses station, ceiling across from the mezzanine stairway, hole in wall in C/D linen room, Doors by B Hall dining room, wall over the A/B breakroom, data line over the A/B breakroom, wall in RM 28, wall in RT room, above electric panel in A/B vending room, above the bird cage, the ceiling of laundry, wall on washer side of laundry, above the DME office, ceiling above RM 83, cross corridor doors in A Hall, wall behind monitors at RM112, 117, 138, ceiling of Skilled IT room, wall between laundry and South Nurse station latching hardware, ICF lobby door latching properly, proper hardware on fire doors by RM 110, walls by RM 84, wall by RM 110. Contractors were inserviced to seal the penetrations they create using the proper fire stop system. 4. How corrective action will be monitored: ADM or designee will do weekly audits x 4 weeks of the fire walls and smoke/fire doors. ADM or designee will develop a schedule for required inspections. The ADM or designee will then do monthly audits x 2 months. The results from the audits will be presented to the QAPI committee for further review. Any further issues or concerns will be addressed by the QAPI committee.	

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N 831	Continued From page 3 NFPA 19.3.6.2.2 (2012 Edition) 16. Observation on 05/06/2019 at 7:54 PM, revealed conduit sealed with flammable foam above the DME office. NFPA 19.3.6.2.2 (2012 Edition) 17. Observation on 05/06/2019 at 7:58 PM, revealed 2 smooth conduits not sealed not sealed across from room 83 above ceiling NFPA 19.3.6.2.2 (2012 Edition) 18. Observation on 05/06/2019 at 8:00 PM, revealed the 2 hour fire barrier deck joint above the cross corridor doors by the day area in A hall was filled with flammable foam. NFPA 101, 8.3.5.1 (2012 Edition) 19. Observation on 05/06/2019 at 8:01 PM, revealed a hole in the corridor wall behind the monitors in room 112, 117, and room 138. NFPA 19.3.6.2.2 (2012 Edition) 20. Observation on 05/06/2019 at 8:04 PM, revealed 4 unsealed penetrations in the ceiling of the skilled IT room. NFPA 19.3.6.2.2 (2012 Edition) 21. Observation on 05/06/2019 at 8:30 PM, revealed the 3 hour doors in the 4 hour fire wall between laundry and S nurses station did not have lower latching hardware. NFPA 101, 8.3.3.1 (2012 Edition), NFPA 80, 6.4.4.1 (2010 Edition) 22. Observation on 05/06/2019 at 8:33 PM, revealed ICF lobby cross corridor smoke door with latching hardware was not latching within the frame. NFPA 101, 8.3.3.1 (2012 Edition), NFPA 80,	N 831		

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N 831	<p>Continued From page 4</p> <p>6.4.4.1 (2010 Edition)</p> <p>23. Observation on 05/06/2019 at 8:35 PM, revealed panic hardware on the 3 hour fire doors installed on the 4 hour fire wall by room 110. NFPA 101, 8.3.3.1 (2012 Edition), NFPA 80, 6.4.4.1 (2010 Edition)</p> <p>24. Observation on 05/06/2019 at 8:45 PM, revealed 4" by 2" holes between studs by room 84. NFPA 19.3.6.2.2 (2012 Edition)</p> <p>25. Observation on 05/06/2019 at 9:00 PM, revealed a 4" by 4" hole in the 4 hour fire wall by room 110. NFPA 101, 8.3.5.1 (2012 Edition)</p> <p>The Maintenance Director and Facility Administrator was present for the findings and acknowledged them during the exit conference on 05/06/2019.</p>	N 831		

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